

HEARING CONSERVATION EXAMINATION <small>(This form is subject to the Privacy Act of 1974 - Use Blanket PAS - DD Form 2005)</small> <small>(Instructions - complete the information in the lower right corner of the form. Answer all questions in section I only. Enter your signature after you have been informed of the results of your hearing test.)</small>									
SECTION I - AUDIOMETRIC CASE HISTORY								DATE	
1. What kind of hearing test are you getting today? <input type="checkbox"/> REFERENCE <input type="checkbox"/> ANNUAL <input type="checkbox"/> TERMINATION <input type="checkbox"/> OTHER (specify)									
	YES	NO	DON'T KNOW		YES	NO	DON'T KNOW		
2. Have you been exposed to loud noise in the last 15 hours?				G. Frequent ear infections?					
3. Do you have any difficulty hearing:				H. Ringing in ears?					
A. Warning bells or sirens?	*			I. Dizziness?					
B. Over The Phone?	*			9. Have you ever been removed from a job or denied a job because of your hearing?	*				
C. In Noisy Rooms?	*			10. Have you ever been restricted from exposure to noise (Even temporarily) because of your hearing?	*				
D. Normal Speech?	*			11. Do you now have, or have you ever had repeated exposures to noise from					
4. Is your hearing getting worse?	*			A. Snowmobiles?					
5. Is one ear better than the other?	*			B. Motorcycles?					
6. Does your hearing frequently change?	*			C. Loud Music?					
7. Do you now have:				D. Firearms?					
A. A hearing loss of any kind?	*			E. Farm Equipment?					
B. A hearing aid?	*			F. Construction Equipment?					
C. Pain in your ears?	*			G. Chain Saws?					
D. An ear infection?	*			H. Power Tools?					
E. Drainage from ears?	*			12. What kind(s) of hearing protection do you have?					
F. Trouble with wax in your ear?	*			A. None					
G. Trouble wearing ear plugs?	*			B. Single Flange Plugs					
H. Pressure in ears?	*			C. Triple flange plugs					
8. Have you ever had				D. Foam plugs					
A. Ear surgery?	*			E. Ear muffs					
B. Allergies?				G. Other					
C. Measles?				13. Do you need new ear plugs?					
D. Mumps?									
E. Diabetes?									
F. Sinus Problems?									
CERTIFICATION OF PATIENT/EXAMINER'S SIGNATURE <small>I certify that I have read the information in the above case history. It is accurate to the best of my knowledge, and I acknowledge having been informed of my hearing test results and understand the requirement to wear hearing protection when exposed to hazardous noise.</small>									
PATIENT'S SIGNATURE					EXAMINER'S SIGNATURE				
AUDIOGRAM RESULT	PROFILE: <input type="checkbox"/> H-1 or BETTER <input type="checkbox"/> H-2 OR WORSE			CHANGE:	<input type="checkbox"/> STABLE <input type="checkbox"/> STS *				
SECTION II - CLINICAL EXAMINATION (Completed by provider)								DATE	
* A clinical examination and/or more detailed history must be performed by a provider if an asterisked response is checked. <input type="checkbox"/> REQUIRED <input type="checkbox"/> NOT REQUIRED									
INSPECTION/EVALUATION	NORMAL	ABNORMAL	NOT EXAMINED	REMARKS					
OUTER EARS (Pinnae)									
EAR CANALS									
TYMPANIC MEMBRANES									
MIDDLE EAR									
EUSTACHIAN TUBE FUNCTION									
NOSE									
THROAT									
DISPOSITION	CLEAR FOR DUTY		PERFORM FITNESS AND RISK EVALUATION		PROVIDER'S SIGNATURE				
	REFER FOR EARPLUG FITTING		OTHER (Specify)						
PATIENT IDENTIFICATION				PATIENT'S NAME					
				SSN		GRADE/RANK		AGE	
				ORGANIZATION					
				PAS CODE					